| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | GD | 871 | 03/15/01 |
| O.I.P.E. CLASSIFIER | | 52 | 4/9 |
| FORMALITY REVIEW | JM | 7e864 | 4/20/01 |
| RESPONSE FORMALITY REVIEW | | | |
| | | | |

## INDEX OF CLAIMS

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| ✔ ............................ Rejected | N ................................ Non-elected |
| = ............................ Allowed | I ................................ Interference |
| — (Through numeral)... Canceled | A ................................ Appeal |
| ÷ ............................ Restricted | O ................................ Objected |

| Claim (Final / Original) | Date | Claim (Final / Original) | Date | Claim (Final / Original) | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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